

FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

**Title of
Invention**

METHOD TO TREAT PATIENTS WITH AMYOTROPHIC LATERAL SCLEROSIS
AND THE LIKE

Application Number :

Date :

First Named Applicant: Ms. Roberta N. Malone Rooney

Attorney Docket Number:

TOTAL FEE AUTHORIZED \$ 685

Patent fees are subject to annual revisions on or about October 1st of each year.

Filing as small entity

BASIC FILING FEE

Fee Description	Fee Code	Amount \$	Fee Paid \$
Utility Filing Fee	2001	385	385
Subtotal For Basic Filing Fees: \$ 385			

EXTRA CLAIM FEES

Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$
Total Claims : 16	0	2202	9	0
Independent Claims : 1	0	2201	43	0
Subtotal For Extra Claims Fees: \$ 0				

PRE GRANT PUBLICATIONS FEES

Fee Description	Fee Code	Amount \$	Fee Paid \$
Publication Fee For Early or Voluntary Publication	1504	300	300
Subtotal For Additional Fees: \$300			

AUTHORIZED BILLING INFORMATION

The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Credit account number: 5062
Expiration Date (YYYYMMDD): 2007-03-31
Authorized name: Roberta N Rooney
Billing address: 44070